

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPROVAL             |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|
| OMB Numb                 | er 3235-0076                           |  |  |  |  |  |  |  |  |  |  |
| Expires:                 | May 31, 2002                           |  |  |  |  |  |  |  |  |  |  |
| Estimated average burden |  |  |  |  |  |  |  |  |  |  |  |
| hours per re             | sponse 1.00                            |  |  |  |  |  |  |  |  |  |  |
| SEC USE ONLY             |  |  |  |  |  |  |  |  |  |  |  |
| OLC.                     | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |  |  |  |  |  |  |  |  |  |  |
| Prefix                   | Serial                                 |  |  |  |  |  |  |  |  |  |  |
|                          |  |  |  |  |  |  |  |  |  |  |  |
| Prefix                   |  |  |  |  |  |  |  |  |  |  |  |

| Name of Offering ( ) check if this is an amendment and name has changed, and indicate change.)  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| Miller & Hilton, Inc. Common Stock Offering   |  |  |  |  |  |  |  |  |  |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE   |  |  |  |  |  |  |  |  |  |
| Type of Filing: New Filing Amendment  |  |  |  |  |  |  |  |  |  |
| A. BASIC IDENTIFICATION DATA  |  |  |  |  |  |  |  |  |  |
| Enter the information requested about the issuer  |  |  |  |  |  |  |  |  |  |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.)   |  |  |  |  |  |  |  |  |  |
| Miller & Hilton, Inc.   |  |  |  |  |  |  |  |  |  |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  |  |  |  |  |  |  |  |  |  |
| 2001 South 3480 West, Salt Lake City, Utah 84101 (801) 973-9136   |  |  |  |  |  |  |  |  |  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  |  |  |  |  |  |  |  |  |  |
| (If different from Executive Offices)  Brief Description of Business  PROCESSED   |  |  |  |  |  |  |  |  |  |
| Brief Description of Business   |  |  |  |  |  |  |  |  |  |
| Development of technology for underwater exploration  THOMSON FINANCIAL  DOT 2, 1, 280?   |  |  |  |  |  |  |  |  |  |
| Type of Business Organization   |  |  |  |  |  |  |  |  |  |
| □ corporation         □ limited partnership, already formed         □ business trust         □ limited partnership, to be formed         □ corporation         □ other (please specify):         □ corporation         □ corporation         □ other (please specify):         □ corporation         □ co |  |  |  |  |  |  |  |  |  |
| Actual or Estimated Date of Incorporation or Organization:    Month   Year     Actual     Estimated   Estimated   |  |  |  |  |  |  |  |  |  |
| Jurisdiction of Incorporation or Organization:  (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)  U T   |  |  |  |  |  |  |  |  |  |

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6/99)

1 of 8



| •        | Each promo                   | ter of the                            | issuer   | , if the issue        | r has l     | been organized within   | n the p     | east five years;          |                 | •                 |              |                                    |
|----------|------------------------------|---------------------------------------|----------|-----------------------|-------------|-------------------------|-------------|---------------------------|-----------------|-------------------|--------------|------------------------------------|
| •        | Each benefic                 | cial owne                             | r havir  | ng the powe           | r to vo     | ote or dispose, or dire | ct the      | vote or disposition of,   | 10% or m        | ore of a class o  | f equity see | curities of the issuer;            |
| •        | Each execut                  | ive office                            | er and o | director of c         | orpora      | ate issuers and of cor  | porate      | general and managing      | partners c      | of partnership is | ssuers; and  |                                    |
| •        | Each genera                  | l and mar                             | naging   | partner of p          | artnei      | rship issuers.          |             |                           |                 |                   |              |                                    |
| Check    | Box(es) that                 | Apply:                                |          | Promoter              | $\boxtimes$ | Beneficial Owner        | $\boxtimes$ | Executive Officer         | $\boxtimes$     | Director          |              | General and/or<br>Managing Partner |
| ull N    | ame (Last na                 | me first,                             | if indiv | vidual)               |             |                         | <u> </u>    |                           |                 |                   |              |                                    |
| Miller,  | , Brent R.                   |                                       |          |                       |             |                         |             |                           |                 |                   |              |                                    |
| Busine   | ess or Reside                | nce Addr                              | ess (N   | umber and S           | street,     | City, State, Zip Code   | e)          |                           |                 |                   |              |                                    |
|          | South 3480 V                 |                                       | Lake (   |                       | 34101       | Daniel Commun           | <u> </u>    | F                         | <b>5</b> 2      | Diameter          |              | C11/                               |
| neck     | Box(es) that                 | Арріу:                                | Ш        | Promoter              |             | Beneficial Owner        | $\boxtimes$ | Executive Officer         |                 | Director          |              | General and/or<br>Managing Partner |
| ull N    | ame (Last na                 | me first,                             | if indiv | vidual)               |             |                         |             |                           |                 |                   |              |                                    |
|          | son, Craig G.                |                                       |          |                       |             | 0. 0. 1                 |             |                           |                 |                   |              |                                    |
|          |                              |                                       | •        |                       |             | City, State, Zip Code   | =)          |                           |                 |                   |              |                                    |
|          | South 3480 W<br>Box(es) that |                                       |          | City, Utah 8 Promoter | 34101       | Beneficial Owner        | $\square$   | Executive Officer         | $\square$       | Director          |              | General and/or                     |
|          | (,                           | FP-2.                                 |          |                       | ليما        |                         | KZI         |                           |                 |                   |              | Managing Partner                   |
| ull N    | ame (Last na                 | me first,                             | if indiv | /idual)               |             |                         |             |                           |                 |                   |              |                                    |
|          | Scott                        |                                       |          |                       |             |                         |             |                           |                 |                   |              |                                    |
|          |                              |                                       | `        |                       |             | City, State, Zip Code   | ;)          | -                         |                 |                   |              |                                    |
|          | South 3480 W<br>Box(es) that |                                       | Lake (   | City, Utah 8 Promoter | 34101       | Beneficial Owner        |             | Executive Officer         |                 | Director          |              | General and/or                     |
| mook     | Dox(es) muc                  | прріј.                                | Ц        | Tromoter              | Ч           | Beneficial 6 wher       |             | Executive Officer         |                 | Birector          |              | Managing Partner                   |
| ull N    | ame (Last na                 | me first,                             | if indiv | idual)                |             |                         |             | MAIL 95 4                 | <del>-, .</del> |                   |              | _                                  |
|          | a a Docidor                  |                                       | (NI      | and C                 | +===+       | City State Zin Code     |             |                           | _               |                   |              |                                    |
| susine   | ss of Residei                | nce Addre                             | ess (Nu  | imber and S           | ireei,      | City, State, Zip Code   | ;)          |                           |                 |                   |              |                                    |
| Check    | Box(es) that                 | Apply:                                |          | Promoter              |             | Beneficial Owner        |             | Executive Officer         |                 | Director          |              | General and/or                     |
|          |                              |                                       | _        |                       | _           |                         |             |                           |                 |                   | _            | Managing Partner                   |
| ull Na   | ame (Last na                 | me first, i                           | if indiv | ridual)               |             |                         |             |                           |                 |                   |              |                                    |
| Rucine   | ss or Resider                | nce Addre                             | ee (Ni   | ımher and S           | treet       | City, State, Zip Code   | .,          |                           |                 |                   |              |                                    |
| Justile  | 33 Of Resider                | ice i idai                            | 233 (110 | inioer una s          | ireet,      | eny, state, zip code    | • •         |                           |                 |                   |              |                                    |
| Check    | Box(es) that                 | Apply:                                |          | Promoter              |             | Beneficial Owner        |             | Executive Officer         |                 | Director          |              | General and/or                     |
|          |                              |                                       |          |                       |             |                         |             |                           |                 |                   |              | Managing Partner                   |
| ull Na   | ame (Last na                 | me first, i                           | f indiv  | ridual)               |             |                         |             |                           |                 |                   |              |                                    |
| lucine   | ss or Resider                | nce Addre                             | ec (Ni   | umber and S           | treet       | City, State, Zip Code   |             |                           |                 |                   |              |                                    |
| Justific | 33 Of Resider                | ice Addit                             | 233 (140 | inioei and 5          | ii cci,     | City, State, Zip Code   | ,           |                           |                 |                   |              |                                    |
| heck     | Box(es) that                 | Apply:                                |          | Promoter              |             | Beneficial Owner        |             | Executive Officer         |                 | Director          |              | General and/or                     |
|          |                              |                                       |          |                       |             |                         |             |                           |                 |                   |              | Managing Partner                   |
| ull Na   | ame (Last na                 | me first, i                           | f indiv  | idual)                |             |                         |             |                           |                 |                   |              |                                    |
| usine    | ss or Resider                | nce Addre                             | ess (Nu  | mber and S            | treet.      | City, State, Zip Code   | )           |                           |                 |                   |              |                                    |
|          |                              |                                       |          |                       | ~           |                         | -           |                           |                 |                   |              |                                    |
|          |                              | · · · · · · · · · · · · · · · · · · · |          | (Use bl               | ank sł      | neet, or copy and use   |             | onal copies of this sheet | , as neces      | sary)             |              |                                    |
|          |                              |                                       |          |                       |             |                         | 2 of        | 8                         |                 |                   |              |                                    |
|          |                              |                                       |          |                       |             |                         |             |                           |                 |                   |              |                                    |

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

|   | <b>1</b> 10 ye  |          |                   |           | 100     | 1          |               | B. IN    | FORM   | ATIO   | N AB    | OUT OFF | ERIN | G     |             |       | 400   |               |      |               |        |        |
|---|---|----------|-------------------|-----------|---------|------------|---------------|----------|--------|--------|---------|---------|------|-------|-------------|-------|-------|---------------|------|---------------|--------|--------|
| ` 1.  | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? |          |                   |           |         |            |               |          |        |        |         | Yes     | s No |       |             |       |       |               |      |               |        |        |
|   | Answer also in Appendix, Column 2, if filing under ULOE   |          |                   |           |         |            |               |          |        |        |         |         |      |       |             |       |       |               |      |               |        |        |
| 2.  | What  | is the r | minim             | ium inv   | /estm   | ent that   | will be acc   | cepted   | from a | ny ind | ividual | ?       |      | ••••• | •••••       | ••••• | ••••• | ••••••        | •••• | \$            | non-   |        |
| 3.  | Does the offering permit joint ownership of a single unit?  |          |                   |           |         |            |               |          |        |        |         |         | ⊠ ⊠  |       |             |       |       |               |      |               |        |        |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |   |          |                   |           |         |            |               |          |        |        |         |         |      |       |             |       |       |               |      |               |        |        |
| Full Na   | me (La  | st name  | e first           | , if indi | ividua  | d)         |               |          |        |        |         |         |      |       |             |       |       |               |      |               |        |        |
| Busines   | s or Re   | sidence  | e Add             | ress (N   | Jumb€   | er and S   | Street, City  | , State, | Zip Co | ode)   |         |         |      |       | · · · · · · |       |       | -             |      |               |        |        |
| Name o  | f Asso  | ciated I | Broke             | r or De   | aler    |            |               |          |        |        |         |         |      |       |             |       |       |               |      |               |        |        |
|   |   |          |                   |           |         |            |               |          |        |        |         |         |      |       |             |       |       |               |      |               |        |        |
|   |   |          |                   |           |         |            | Intends to    |          |        |        |         |         |      |       |             |       |       |               |      |               | A 11   | States |
| [AL]  |   | [AK]     |                   |           |         | [AR]       | [CA]          |          | [CO]   | П      | [CT]    | [DE]    | П    | [DC]  | П           | [FL]  | П     | [GA]          | П    | [HI]          | $\Box$ | [ID]   |
|   |   | [IN]     | $\overline{\Box}$ | [IA]      |         | [KS]       | [KY]          |          | [LA]   | П      | [ME]    |         |      | [MA]  |             | [MI]  |       | [MN]          |      | [MS]          |        | [MO]   |
| [MT]  |   | [NE]     | П                 | [NV]      | П       | [NH]       | [KN]          |          | [NM]   |        | [NY]    |         |      | [ND]  | П           | [OH]  |       | [OK]          |      | [OR]          |        | [PA]   |
|   |   | [SC]     |                   | [SD]      |         | [TN]       |               |          | [UT]   |        | [VT]    | [VA]    |      | [WA]  |             | [WV]  |       | [WI]          |      | [WY]          |        | [PR]   |
| Full Na   | me (La  | st name  | e first.          | if indi   | ividua  | <u>.l)</u> |               |          |        |        |         |         |      |       |             |       |       |               |      |               |        |        |
|   |   |          |                   |           |         |            |               |          |        |        |         |         |      |       |             |       |       |               |      |               |        |        |
| Busines   | s or Re   | sidence  | e Add             | ress (N   | lumbe   | r and S    | Street, City, | , State, | Zip Co | ode)   |         |         |      |       |             |       |       |               |      | , <del></del> |        |        |
| Name o  | f Assoc   | ciated E | Broker            | or De     | aler    |            |               |          |        |        |         |         |      |       |             |       |       |               |      |               |        |        |
| States in   | ı Whic  | h Perso  | n List            | ted Has   | s Solic | cited or   | Intends to    | Solicit  | Purch  | asers  |         |         |      |       |             |       |       |               |      |               |        |        |
| (Check  | "All St   | ates" o  | r chec            | k indiv   | /idual  | States)    | )             |          | •••••  |        | •••••   |         |      |       |             |       |       |               |      |               | All S  | States |
| [AL]  |   | [AK]     |                   | [AZ]      |         | [AR]       | CA]           |          | [CO]   |        | [CT]    | [DE]    |      | [DC]  |             | [FL]  |       | [GA]          |      | [HI]          |        | [ID]   |
| [IL]  |   | [IN]     |                   | [IA]      |         | [KS]       | [KY]          |          | [LA]   |        | [ME]    | [MD]    |      | [MA]  |             | [MI]  |       | [MN]          |      | [MS]          |        | [MO]   |
| [MT]  |   | [NE]     |                   | [NV]      |         | [NH]       | [IN]          |          | [NM]   |        | [NY]    | ☐ [NC]  |      | [ND]  |             | [OH]  |       | [OK]          |      | [OR]          |        | [PA]   |
| [RI]  |   | [SC]     |                   | [SD]      |         | [TN]       | [TX]          |          | [UT]   |        | [VT]    | [VA]    |      | [WA]  |             | [WV]  |       | [WI]          |      | [WY]          |        | [PR]   |
| Full Na   | me (La  | st name  | e first,          | if indi   | vidua   | l)         |               |          |        |        |         |         |      |       |             |       |       |               |      |               |        |        |
| Busines   | s or Re   | sidence  | e Add             | ress (N   | umbe    | r and S    | Street, City, | State.   | Zip Co | de)    |         |         |      |       |             |       |       |               |      |               |        |        |
|   |   |          |                   | (-        |         |            | ,,            | ,        | r      | ,      |         |         |      |       |             |       |       |               |      |               |        |        |
| Name o  | f Assoc   | iated E  | Broker            | or Dea    | aler    |            |               |          |        |        |         |         |      |       |             |       |       | · <del></del> |      |               |        |        |
| States in   | ı Whicl   | n Perso  | n List            | ed Has    | Solic   | cited or   | Intends to    | Solicit  | Purch  | asers  |         |         |      |       |             |       |       |               |      |               |        |        |
|   |   |          |                   |           |         |            | )             |          |        |        |         |         |      |       |             | ••••• |       |               |      |               | All S  | tates  |
| [AL]  |   | [AK]     |                   | [AZ]      |         | [AR]       | CA]           |          | [CO]   |        | [CT]    | [DE]    |      | [DC]  |             | [FL]  |       | [GA]          |      | [HI]          |        | [ID]   |
|   |   | [IN]     |                   | [IA]      |         | [KS]       | [KY]          |          | [LA]   |        | [ME]    | [MD]    |      | [MA]  |             | [MI]  |       | [MN]          |      | [MS]          |        | [MO]   |
|   |   | [NE]     |                   | [NV]      |         | [NH]       | [N1]          |          | [NM]   |        | [NY]    | [NC]    |      | [ND]  |             | [OH]  |       | [OK]          |      | [OR]          |        | [PA]   |
| [RI]  |   | [SC]     |                   | [SD]      |         | [TN]       | [TX]          |          | [UT]   |        | [VT]    | ☐ [VA]  |      | [WA]  |             | [WV]  |       | [WI]          |      | [WY]          |        | [PR]   |

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P   | ROCEEDS                    |             | <u> </u>                             |
|----|---|----------------------------|-------------|--------------------------------------|
| 13 | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   | <b>.</b>                   |             |                                      |
|    | Type of Security  | Aggregate<br>Offering Pric | e           | Amount<br>Already Sold               |
|    | Debt  | \$0                        |             | \$0-                                 |
|    | Equity: Common Stock  | \$ 675,000                 |             | \$ 675,000                           |
|    |   |                            |             |                                      |
|    | Convertible Securities (including warrants)   | \$0                        | _           | \$0                                  |
|    | Partnership Interests   | \$0-                       |             | \$0-                                 |
|    | Other (Specify)   | \$0                        | _           | \$0                                  |
|    | Total   | \$ 675,000                 | _           | \$_675,000                           |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                            |             |                                      |
| 2  | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines.   |                            |             |                                      |
|    | Enter "0" if answer is "none" or "zero."  | Number<br>Investors        |             | Aggregate Dollar Amount of Purchases |
|    | Accredited Investors  | . 1                        |             | \$ 675,000                           |
|    | Non-Accredited Investors  | -0-                        |             | \$0                                  |
|    | Total (for filings under Rule 504 only).  | -0-                        |             | \$0                                  |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                            | •           |                                      |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  | T                          |             | <b>5</b>                             |
|    | Type of Offering  | Type of<br>Security        |             | Dollar Amount<br>Sold                |
|    | Rule 505  | -0-                        |             | \$ -0-                               |
|    | Regulation A  | -0-                        |             | \$0-                                 |
|    | Rule 504  | -0-                        |             | \$0                                  |
|    | Total   | -0-                        |             | \$0                                  |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                            |             |                                      |
|    | Transfer Agent's Fees   |                            |             | \$                                   |
|    | Printing and Engraving Costs  |                            |             | \$                                   |
|    | Legal Fees  |                            | $\boxtimes$ | \$ 2,500                             |
|    | Accounting Fees.  |                            |             | \$                                   |
|    | Engineering Fees  |                            |             | \$                                   |
|    | Sales Commissions (specify finders' fees separately)  |                            |             | \$                                   |
|    | Other Expenses (identify)   |                            |             | \$                                   |

Total .....

\$ 2,500

 $\boxtimes$ 

|     | C. OFFERING PRICE                                 | CE, NUMBER OF INVESTORS, EXPENSES ANI   | USE               | OF PI        | ROCEEDS  | ***            |          |                            |
|-----|---|---|-------------------|--------------|--|----------------|----------|----------------------------|
| •   | Question 1 and total expenses furnished in resp   | tte offering price given in response to Part C - ponse to Part C - Question 4.a. This difference is the   |                   |              |  |                | \$       | 672,500                    |
| i.  | for each of the purposes shown. If the amoun      | ss proceeds to the issuer used or proposed to be used at for any purpose is not known, furnish an estimate. The total of the payments listed must equal the presponse to Part C - Question 4.b above. |                   |              |  |                |          |                            |
|     |   |   |                   | Off<br>Direc | nent to<br>icers,<br>tors, &<br>iliates  |                |          | ments to Others            |
|     | Salaries and fees                                 |   |                   | \$           |  |                | \$       |                            |
|     | Purchase of real estate                           |   |                   | \$           |  |                | \$       |                            |
|     | Purchase, rental or leasing and installation of n | nachinery and equipment   |                   | \$           |  |                | \$       |                            |
|     | Construction or leasing of plant buildings and    | facilities  |                   | \$           |  |                | \$       |                            |
|     |   | value of securities involved in this offering that rities of another issuer pursuant to a merger)   |                   | \$           |  |                | \$       |                            |
|     | Repayment of indebtedness                         |   |                   | \$           |  |                | \$       |                            |
|     | Working capital                                   |   |                   | \$           |  | - —            | \$       | 672,500                    |
|     | Other (specify):                                  |   |                   |              |  |                |          |                            |
|     |   |   |                   |              |  |                |          |                            |
|     | •   |   | П                 | \$           |  |                | \$       |                            |
|     |   |   | $\overline{\Box}$ | <b>\$</b>    |  |                | \$       | 672,500                    |
|     | Total Payments Listed (column totals added)       |   | _                 |              | <b>⊠</b> \$  | 672,500        | )        |                            |
|     |   | D. FEDERAL SIGNATURE  |                   |              | a parameter de la companya de la co | and the second | an or sy | and the spinor of the same |
| on  |   | by the undersigned duly authorized person. If this not to the U.S. Securities and Exchange Commission, upon to paragraph (b)(2) of Rule 502.  | ice is            | filed un     | der Rule 505   | , the follo    | wing     | g signature                |
| รรเ | uer (Print or Type)                               | Signature   | Da                | te           |  |                |          | <u> </u>                   |
| 1il | ller & Hilton, Inc.                               | Sort R. DEB   | Oc                | tober 1      | 7, 2002  |                |          |                            |
| Jar | me of Signer (Print or Type)                      | Title of Signer (Print or Type)   |                   |              |  |                |          |                            |
| co  | ott DeBo  | President   |                   |              |  |                |          |                            |
|     |   |   | ÷                 |              |  |                |          |                            |
|     |   |   |                   |              |  |                |          |                            |
|     |   |   |                   |              |  |                |          |                            |
|     |   |   |                   |              |  |                |          |                            |
|     |   |   |                   |              |  |                |          |                            |
|     |   |   |                   |              |  |                |          |                            |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)